

Please type a plus sign (+) inside this box ☒

# UTILITY

## PATENT APPLICATION TRANSMITTAL

Attorney Docket No. END-838

First Inventor: Gary L. Long  
Title: METHOD FOR CONTROLLING POSITION OF MEDICAL INSTRUMENTS

I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail - Post Office to Addressee in an envelope addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Name: Patricia A. Jara Date: March 15, 2002

Express Mail Label No. ET068646565

(only for new nonprovisional applications under 37 CFR 1.53(b))

### APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.

3. ☒ Specification Total Pages: 28

(Preferred arrangement set forth below)

☒ Descriptive Title of the Invention

☒ Cross Reference to Related Applications

- Statement Regarding Fed sponsored R&D

- Reference to sequence listing, a table, or a computer program listing appendix

☒ Background of the Invention

☒ Brief Summary of the Invention

☒ Brief Description of the Drawings (if filed)

☒ Detailed Description

☒ Claim(s)

☒ Abstract of the Disclosure

4. ☒ Drawing(s) (35 USC 113) Total Sheets 13

5. Oath or Declaration [Total Pages 3]

a. ☒ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 CFR 1.63(d))

(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. ☐ Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statement verifying identity of above copies  
ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure Statement  
(IDS)/PTO-1449 ☐ Copies of IDS Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16. ☐ Request and Certifications under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. ☒ Other: Application Cover Sheet  
w/Express Mail Certification

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.:

Prior application information: Examiner

Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

### 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.

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20. TELEPHONE CONTACT Gerry S. Gressel

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Telephone: (513) 337-3535 Fax: (513) 337-8489

### 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME: Gerry S. Gressel

Reg. No. 34,342

SIGNATURE: 

DATE: March 15, 2002

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	March 15, 2002
	First Named Inventor	Gary L. Long
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	END-838

### FEE CALCULATION

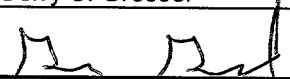
#### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	30 - 20 =	10	x \$18.00	\$ 180.00
INDEPENDENT CLAIMS	4 - 3 =	1	x \$84.00	\$ 84.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$1004.00

### METHOD OF PAYMENT

☒ Please charge Deposit Account No. 10-0750/END-838/GSG in the amount of \$1,004.00.  
Three copies of this sheet are enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/END-838/GSG. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Gerry S. Gressel	Reg. No. 34,342
Signature		Date: 03/15/02
		<b>Deposit Account No. 10-0750</b>